

USE ONLY IF

1. YOU DO NOT HAVE AN ACCOUNT AND
2. YOU ARE ORDERING ≤5 KITS

**ORDER FORM
for ≤5 KITS ONLY
Newborn Screening Forms**



Today's Order Date: _____

Item

Newborn Screening two-part kit; \$95.61 each (please indicate number of kits) # _____

Total \$: _____

Billing information

Name (individual or clinic): _____

Billing Address _____

City _____ State _____ ZIP _____

Telephone () _____ Fax () _____

Payment type

☐ Credit Card – (circle one) AMEX, MasterCard or Visa;

Number: _____ Expiration Date: _____

Name on Card: _____

☐ Invoice – above address to be billed.

Please allow ONE week for your order to be processed.

You may fax or mail your order to:

Linda Beal, Accounts Receivable Supervisor
Unified State Laboratory: Public Health
PO Box 144300
Salt Lake City UT 84114-4300

Phone: 801-965-2500

Fax: 801-969-3704